

POSITION	INITIALS	ID NO.	DATE /
FEE DETERMINATION	<i>AS</i>		<i>6/1/03</i>
O.I.P.E. CLASSIFIER			<i>6/1/03</i>
FORMALITY REVIEW	<i>AS</i>	<i>AS</i>	<i>6/1/03</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	<i>6/27/03</i>
1	✓
2	/
3	/
4	/
5	/
6	/
7	/
8	✓
9	✓
10	/
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
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21	✓
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23	✓
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25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
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32	✓
33	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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